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## PERFORATING ULCER OF THE STOMACH.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time in the spring of 1857, J. D., of Colebrook, æt. 63, requested my advice in regard to certain dyspeptic symptoms, such as acid eructations, a feeling of distress at the epigastrium, especially after eating, and "water brash," or spitting up large quantities of a tasteless fluid. The latter symptom he laid great stress upon, and wanted me to prescribe some stimulant for it. He stated that he had felt the symptoms for nearly two years. His appetite was good, and the general health but little affected; bowels costive, with clay-colored stools; skin and sclerotics yellowish; habits rather irregular. I prescribed alterative and aperient medicines, with marked benefit, and soon lost sight of the case for several months. In August, he again came, and complained, in addition to the other symptoms, of attacks of severe pain at the epigastrium, and great costiveness. He said he could cover the seat of the pain with the palm of his hand, and always felt *some* uneasiness at that spot. I gave him pills of extract of hyoscyamus and nitrate of silver, with aperients, and a blister to the epigastrium. The pain and other symptoms were much relieved, and he continued about his farm, able to do some work.

In January, 1858, he was much worse, and his general health began to give way. The costiveness was extreme, and the paroxysms of pain more severe. Again he obtained marked relief from blisters and sedatives, but gradually declined, till the 11th of March, when he began to vomit blood—at first dark colored, and at last resembling arterial blood. He lost three or four pints before fainting, and then ceased to vomit blood. The next day, he complained of severe pain and tenderness over the whole abdomen. He continued till the 21st of the month, when he was raised up in bed to take some drink, and immediately expired.

At the *post-mortem* examination, held some twelve hours after death, Dr. Kee, of New Lyme, was present. On opening the abdominal cavity, a small hole was observed in the anterior walls

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of the stomach, about three inches from the pylorus. There were slight adhesions around the aperture, which was large enough to admit the little finger. The inner surface of the organ showed symptoms of chronic inflammation—the mucous membrane being slightly thickened, and near the aperture very much so; within three fourths of an inch it was excavated, as if by the process of ulceration. A small artery was discovered at the aperture which had been opened by the ulceration. The liver was healthy and of natural size. All the other abdominal organs were in a normal condition, except the peritoneum, which showed signs of acute inflammation, and its cavity contained a quantity of serum, mixed with the contents of the stomach, which had escaped through the opening.

Through the whole course of the disease, nothing seemed to afford so much relief as blisters and cathartics, although various other means were tried from time to time. His diet consisted mostly of milk, and nothing else would answer for any length of time.

WM. M. EAMES, M.D.

*Orwell, Ohio, Nov. 23d, 1858.*

#### REPORT OF SUCCESSFUL TREATMENT OF A CASE OF CROUP, OF A SEVERE CHARACTER.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

At different times, in former numbers of this JOURNAL, I have offered remarks upon croup, and the treatment, not only invariably pursued, but, in my opinion, absolutely required by the inflammatory character of the disease, which is most frequently violent, dangerous, and often fatal, with an uncertainty, in its forming stage, whether it will prove mild, be easily arrested, or assume the characteristic features precursory to the formation of a false membrane. This decided opinion as to the correct treatment, is still maintained, notwithstanding the opinions of some who have expressed themselves as opposed to my course of treatment, considering it unnecessarily severe. Now, when I can conscientiously assert, that out of many more than one hundred cases of true croup, which I have treated in Philadelphia and this city, but one has died, it is not to be considered strange that, without a desire of boasting, my faith in the mode of using the remedies, powerful as I know them to be, should be strong. Indeed, I cannot forbear expressing the opinion, that if the apprehension of an imaginary evil, likely, in some minds, to ensue from the trial of the same remedies, used as freely, at the proper time, was abandoned, not only would the frequent reports of death from that disease be materially diminished in number, but the feelings of humanity would

cease to be outraged by the suggestion, even, of such a cruel operation as that of the artificial dilatation of the larynx in croup, reported, in the November number of the *Medical News* of Philadelphia, to have been performed by a physician near Paris. That croup is a dangerous disease, too frequently fatal, and causing great anxiety to physician and parents, is fully conceded. But I hold to the fact, that, if timely and appropriately met, it is in the power of all physicians to speedily and effectually cure a far greater number of cases, than we know by statistics now to be done. To arrest the progress of a well-developed case of croup, to prevent the formation of a false membrane, and to render unnecessary the resort to tracheotomy, I place no confidence in alum or any other mild emetic, for simple vomiting does not meet the exigency, and will not cure a bad case of the disease. Illustrative of the above assertions and facts, the following case, of recent occurrence, is appended.

H. L., a boy aged 13 years, of usual size, and healthy, for years has not had an attack of croup, although very subject to it some years since when living in Mobile. Nov. 18th, he complained of feeling chilly, and had an occasional cough, not hoarse or croupy. His mother supposing it to be a slight cold, put him to bed early. Toward midnight, he awoke his brother in the same room, by his constant cough, which was dry and hoarse, with a noisy inspiration. After some time the mother was called, who, recognizing the disease, took him to her room, gave him several doses of sweet oil, nothing else being at hand, and, finding matters getting worse, she sent for me. At 3 o'clock, A.M., I was there, and found him laboring for breath, with the characteristic inspiration and cough, which, once heard, never can be mistaken. He constantly complained of his throat, he could scarcely breathe, and swallowed with difficulty what was given. Apprised, when called, of the nature of the sickness, I took with me a bottle of hive syrup, and a small box of medicines which I keep for such occasions, and always find beneficial. The skin was hot and dry, the pulse tense, frequent and moderately full, the face flushed, the eyes injected, the boy restless, and evincing every sign of great distress. To act vigorously and promptly was imperative. At once I poured down his throat a dessertspoonful of hive syrup; and, as soon as ready, ten grains of calomel, six or seven of tartar emetic, and half a teaspoonful of ipecacuanha, were mixed with half a tablespoonful of hive syrup, and poured down his throat by myself. Several times, before vomiting occurred freely, although he had two or three times brought up with a hard cough pieces of tough phlegm, the same mixture of calomel, tartar emetic, and ipecacuanha, in similar quantities, was given; in one or two of the last, having prepared a strong solution of nitrate of potash, about four ounces, in which was dissolved about six grains of tartar emetic, some of this was added. This last was repeated several times, in addition to the

mixture. Although vomiting with hard straining occurred several times, accompanied by cough and tough phlegm, I was not satisfied.

The symptoms continued severe, and I began to fear I should not succeed, when I took about fourteen ounces of blood from the arm, which sensibly affected the pulse, caused a feeling of faintness, at least he fell on his side, had a more free vomiting, and, best of all, an evidently fuller and freer inspiration, with less of the stridulous sound. More of the same mixture was given at longer intervals; a mustard poultice was applied to the throat, and he was allowed a little rest. As I watched him closely, while he was lying quietly, I found his breathing more natural, and his croup, which occurred from time to time, softer, with but little of the peculiar sound. I waited quietly some time, and was satisfied he was asleep, and safe; I then mixed another dose of calomel, tart. emetic, ipecac. and solution of nitrate potassa and tart. antimony, and gave directions to the mother to give it, in case he had any return of cough or difficulty of breathing; but if he continued to sleep, not to awake him, but as soon as he did awake, to give it to him. A little before 6 o'clock, I was in my bed at home. At half past 8, A. M., I saw him again, when I found he was doing well; that he had slept more than an hour, awoke, took the dose that had been left, and dropped asleep again. He was awake when I called; he had coughed several times during my absence. I made him cough several times, and breathe freely, to satisfy myself. There was still some of the dryness of cough, and peculiarity of inspiration, with soreness of the throat. I allowed him a little sweetened milk and water, and a lemonade of gum arabic in flaxseed tea, for drink. The following was ordered:—R. Nit. potassa, a drachm and a half; tart. antimony et potassa, two grs.; tr. verat. virid., fifteen drops; syr. morphiae, six drachms; aquæ, two ounces. Dose, one teaspoonful every hour, until again seen. I omitted mentioning that his bowels were twice opened during the night, and once this morning. For one day, he was kept in bed; the next day he was on the sofa, in the parlor; the mixture, and occasional small doses of hive syrup, being given during the day, as the cough continued and the inspiration was not free from the peculiar sound. In a few days he was about the house, coughing occasionally, and taking hive syrup and paregoric at bed time. Had there been any paregoric in the house on the first night, when he fell asleep, I should have given him one or more full doses with the other medicines, for the express object of making him sleep soundly for many hours, which is generally my rule, and always works well.

In conclusion, I would remark, that for the ordinary diseases of infants or children, I am not partial to much medication, if possible to be avoided; but in treating croup, as I do not wish my patients to die, I know no limit, either as to the quantity or frequency of dose of those articles named, in which I put my trust. When I



assert, as a solemn truth, that I have yet to see the first case in which the treatment laid down has produced any injurious subsequent effects, why should others so strenuously oppose this course of treatment, the only one which, in my opinion, is adequate to effect a cure, and prevent the dire necessity of resorting to tracheotomy. The fact that my patient took even more of the active remedies than has been noted, and that no immediate or subsequent ill effects, but a perfect cure, resulted, is worthy of consideration.

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#### PHOSPHORUS IN THE TREATMENT OF PHTHISIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As Dr. Churchill's treatment of consumption has awakened some interest, permit me to offer a few hints on the subject.

The distinguished doctor names a decrease of phosphorus in the system as the proximate cause of tubercle, and a supply of this deficiency as a cure. Upon this hint he has acted, and his experiment has given prominence to a medicine which will doubtless hereafter rank high as an adjuvant in exhaustive diseases and nervous debility (thus indirectly affecting phthisis), but not, it is feared, as a cure or preventive of tubercle "specifically."

Will the "cured" cases of Dr. Churchill be exempt from phthisis in the future? This will be a test. That the treatment in these cases owes its success to phosphorus, will not be disputed. But the hypophosphites are not alone in their effect upon tuberculous. Many sources of relief are chronicled. In fact, "flattering phases" are common records in the history of this disease, resulting often in a cure, but not a permanent immunity from the tubercular deposit. Admitting the good qualities of phosphorus, will its increase in the system be a permanent augmentation, which it must be to ensure lasting benefit.

Dr. Churchill has introduced a good medicine; but I am not inclined to believe he has solved the enigma of the tubercular diathesis. And here let me broach a thought which for years I have entertained. The strongest evidence and the best testimony point to *debility* as the solution of tubercle. Consumption is incompatible with vigor of system. From the infirm portion of the race (frail families), the army of consumptives is recruited. When exhaustive diseases reach a certain point of debility, tubercle appears. By the term debility, I do not mean general weakness—as the most feeble are sometimes exempt from phthisis—but a disproportionate enervation of the parts affected to those free from disease, and that enervation confined to the absorbents. This, then, seems to me a solution to the pulmonary deposit—a *lack of absorbent power in the lungs*—low in comparison to that of

the other organs of the body, giving rise to the expressions "weak lungs," "feeble respiration," &c.

It is known that tubercles are sometimes absorbed; and this occurs when the lungs are in a reparative condition. Had this favorable condition prevailed at the time of the deposition, it is easy to conceive the tubercles would have been arrested, or absorbed in the act of deposition. I consider tubercles refuse matter not wanted in the system, but deposited from an inability of the absorbents to carry it off. If this is so, the remedy is palpable—*increase the pulmonary energy*. Why is the jolting wagon and horseback exercise recommended to consumptives? Ostensibly to increase the general vigor and health of the patient; but, really, *passive* exercise acts upon the *viscera*, or internal organs, which are beyond the reach of voluntary agitation. Hence the resort to this species of exercise in phthisis. Dr. Parrish, of Philadelphia, is a conspicuous example of the success of this mode of treatment. The inward organs of the body are feeble compared to the arms and legs, which are toughened and strengthened by exercise, and hence free, or nearly so, from tubercles. Submit the viscera to a proper action, and you will restore the lost proportion and regain the strength necessary to prevent a refuse deposit. *This disproportion is greater in those predisposed to consumption than in those free from the "taint,"* in whom the absorbent energy seldom reaches the low point of enervation which induces the deposit.

I. GEE.

*Salisbury Centre, N. Y., Dec. 3, 1858.*

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 13th.—*Scrofulous Disease of the entire Humerus; Rapid Progress; Sub-periosteal Abscess; Amputation at the Shoulder-joint; Recovery.* Case reported by Dr. GAY.

James Scolan, æt. 26, was seized with a severe pain in the upper part of the left arm, five years ago, after taking cold at the end of a hard day's work. In a few days a swelling appeared which increased and became very painful until it was opened. There was a free discharge of thick, yellow matter. The swelling gradually subsided, the discharge ceased, and the wound was entirely cicatrized. There was no further trouble from it, except an occasional pain and slight stiffness.

At his entrance into the Massachusetts General Hospital, July 15, 1858, there was a large, fluctuating swelling about the upper and inner part of the shoulder, and along the border of the axilla.

This swelling had been observed for five weeks, and appeared with severe chills and headache, and with soreness and swelling about the shoulder, after a hard day's work.

The fluctuation seemed very superficial. There was soreness about the joint, but no stiffness of any amount. The patient is a strong, fleshy man, and is not confined to his bed. The rest of the arm appears well.

The abscess was opened July 17th, and there was a profuse discharge of an offensive, dirty, purulent liquid. The finger and director were passed freely into the wound, but nothing like denuded bone could be felt. He was much relieved after the operation, and, the next morning at the visit, was very comfortable and was walking about the ward. The discharge continued free. There was no change in any of the symptoms till the 30th, when there was a very severe pain just above the elbow, and a general feeling of aching over the body as if he had taken cold. The next day the pain had increased, and there was a rapid swelling, with a soreness and doughy feeling to the touch. There was no redness of the skin, but rather a dead paleness. Two days afterward, there was an indistinct feeling of fluctuation. The tenderness and pain were excessive. The whole upper arm was swollen. The discharge continued free from the opening. On the 4th, the pain was so excruciating that an incision was made above the elbow, an inch deep, but no pus came. The relief was only slight. The forearm and hand are swollen and œdematous. On the 6th, a still deeper incision was made, about three inches above the joint. Nearly a pint of greenish yellow and putrid pus came away. On introducing the finger, the bone was entirely denuded and rough throughout its whole circumference as far as the finger could reach. A director detected a much greater extent of denuded bone. Stimulants and a nourishing regimen were freely administered. The discharge from the upper and lower part of the humerus was so great that his strength began to give way. He could not now bend his elbow, on account of the pain and soreness in the joint. On his entrance to the Hospital, there was not the slightest indication of any trouble whatever in the elbow-joint or in its vicinity. The patient was rapidly failing. The man, since the operation, had been kept perfectly quiet and nearly straight on a pillow. On the 25th, a slight projection was seen about the middle of the humerus, and on passing the finger into the opening below, the bone was found to be broken at about its middle, and the ends soft and crummy. The patient did not know when it was broken. There had not been any increase of pain at any time at that point. The disease evidently extended to the elbow-joint, and there was a fair presumption to suppose that the head of the humerus was also affected.

From the patient's general condition, and the rapid progress in the destruction of the bone, one of two operations must be immediately done, *excision of the entire humerus*, or amputation at the shoulder-joint. The already greatly reduced state of the patient's strength, the purulent discharge, which must necessarily be very large, and the very probably future uselessness of the whole arm after the excision, were strong indications for the amputation. On the 28th, the arm was removed at the shoulder-joint. On examination, the humerus was found extensively diseased throughout. Just below the neck of the bone was a round hole large enough to admit the end of the little finger. The articulating surface of the head was healthy. A probe, introduced through this hole upward, traversed a large cavity involving nearly the whole substance of the head. The head was merely a thin

shell. This cavity also extended downward into the shaft. Most of the shaft was full of small holes, and almost as light as a burnt bone. There was a small necrosed piece in the centre of the upper fragment. The two ends of the fracture were soft and easily broken down. The lower fragment was rough, eroded and partially necrosed. The articular cartilages were entirely gone, and the bone necrosed. The whole head of the radius was carious, and its articulating cartilage gone. The articulating surface of the ulna, and an inch downward on its radial side, was in a still further advanced state of caries. At no spot was there an appearance of an attempt to throw out new bony matter. The whole bone was dead.

The patient recovered, without any unpleasant symptom after the operation.

Nov. 22d.—*Fibroid and Fatty Degeneration of the Placenta*.—Dr. Ellis exhibited the placenta and described the lesion. He also showed portions of the diseased tissue, beneath the microscope.

In the substance of the placenta were a number of firm, yellowish-white masses, from one to two inches in diameter. These differed somewhat in their appearance. The cut surface was in parts smooth, but elsewhere rough, as from the change of the individual villositities.

On microscopic examination and comparison of the diseased with the healthy portions of the placenta, the former were found to be non-vascular, and the villositities, where seen, had a more or less fibroid appearance, and contained granular matter, or minute fat globules.

The change is similar to that noticed in a number of placenta examined during the last three or four years. In previous instances it has been the apparent cause of abortion at an early period of pregnancy, and was sometimes associated with apoplectic effusions in various parts of the organ.

In the *Memoirs of the Society of Biology* of Paris, for 1854, Robin gives an excellent description of the lesion. It has been spoken of as "induration of the placenta," "encephaloid," "scirrhous, cancerous or tubercular degeneration," and lately as "fatty degeneration." The last is the only term really applicable, and this expresses but a part of the truth; there is also a fibroid obliteration of the villositities. This obliteration is the same as that which occurs on a normal change in the villositities of the chorion, when their function ceases and the placenta becomes the organ of hæmotosis.

As the deposition of fat is very frequently, if not constantly, met with, the term "fibroid and fatty degeneration" appears to be the most appropriate, expressing, as it does, the exact condition of the diseased parts.

As apoplexy is often found associated with the above disease, it may be questioned whether there be not some connection between them. The appearance of certain portions, in which the individual villositities are evidently affected, is opposed to this idea, and the microscope detects nothing in favor of their hæmorrhagic origin.

Dr. MORLAND gave the following account of the patient, and of the circumstances of her pregnancies and labors.

"The specimen is interesting, from the fact that the placenta has been twice diseased in this patient; and the two births premature. The inference is, that the abnormal condition hastened the labor in each instance. The woman has had (between the other two) one healthy child, with nothing abnormal accompanying—although during

that pregnancy, and about two weeks before her time, she was threatened with labor—the pains and bearing-down efforts subsiding under full doses of laudanum and rest in bed.

"Mrs. R——, the patient, is 21 years old; rather delicate, yet usually well; before marriage, she was always so. Since marriage, both during her pregnancies, and at other times, she has had very troublesome varicose veins of the legs; and, in 1856, open ulcers therefrom.

"*First Labor.*—March 25th, 1856. The patient was then 18 years old, and was confined at *seven months*—possibly, a little over that period. The labor was very easy and rapid—only two hours; the *breech* presenting. The child was dead, and decomposition was so far advanced that the skin slipped from the limbs on handling them; the anus was widely open, and meconium issued freely.

"The placenta and cord were both diseased; the former was affected with knobbed induration, in spots; and its margin had the 'coriaceous' feel, spoken of by Rokitansky. The umbilical vein was varicose, and the entire cord tortuous and presenting a series of tongue-like appendages throughout nearly its whole length. These were harder than the cord itself—that is, than its straighter portion. The latter was of smaller calibre than is usual, and flabby. The mother recovered rapidly, but has not been so well since, as she was before marriage. I could not ascertain that the husband was, or had been, syphilitically diseased.

"*Second Labor.*—April 19, 1857. This labor was also very easy. It was natural in all respects; there was nothing abnormal about the fœtus, placenta or cord, and the patient recovered well. It has already been mentioned that a false alarm occurred, about a fortnight before her full time. The child is now living and well.

"*Third Labor.*—October 24th, 1858; and that which afforded the specimen shown. The child was probably about eight months, possibly somewhat less. It was very lively, and cried well at birth. The mother stated that she saw a very slight indication of menstruation on the 17th of March, 1858, but so little, that it could hardly be seen; it almost immediately ceased—in 'about an hour,' according to her. It is therefore not unlikely that she might then have been nearly a month pregnant.

"The child was seventeen inches in length, and a female. The labor was very easy, and particularly rapid (as the other abnormal labor was); the presentation was natural—the occiput looking to the pubis; the cord was twice, and tightly, coiled around the child's neck. The placenta was freely detached and easily withdrawn. On first touching it, I perceived that it was diseased, feeling two or three strongly indurated spots. The cord was rather slender and flabby.

"The patient, as in her other labors, has done well, and has sufficient milk. The child continues lively and well."

Nov. 22d.—*Double Femoral Hernia; Strangulation of the Right Side; Operation. Erysipelas and Fæcal Fistula; Internal Strangulation; Recovery.* Case reported by Dr. GAY.

Mrs. G——, aged 58, has had an irreducible femoral hernia of the left side for eight or ten years. Never had any pain in it. Bowels have generally been costive.

Saw her in consultation with Dr. WINDSHIP, March 14th, 1858. She then had a strangulated *right* femoral hernia of the size of a hen's egg.

The strangulation had existed for forty-eight hours. Operation at 2, P. M., in presence of Drs. Lewis, Windship, Clark and Dickinson.

On opening the sac, two portions of the omentum, four inches long, were found strongly adherent at the upper part of the sac, and purplish. Beneath the omentum was a fold of the intestine, of a brownish-black color, tightly strangulated. There was considerable difficulty in separating and returning the omentum after the stricture was divided. The left hernia was also reduced. Small doses of morphine were directed, p. r. n. She passed a very comfortable night, and for three or four days there was every indication that the wound would unite by the first intention. On the fourth day there was an easy defecation from an enema. The pulse had not been above 84. At this time there was a swelling in the left femoral region, as if the intestine had come down again, with redness and tenderness of the skin. The next day there was a decided erysipelas, with hardness of the parts beneath the skin. There was also a redness about the wound of the operation, the lips of which were in part separated and discharging pus. There was but little constitutional disturbance. Eight days after the operation, the patient, feeling as if she might have a defecation, got out of bed of her own accord, strained hard and ineffectually, and returned to bed. The next morning, a few drops of liquid feces were seen issuing from the wound.

On the tenth day, a slough was observed in the wound, which was removed by the forceps. It was undoubtedly omentum, and three inches long. There was an immediate free discharge of feces and flatus from the wound. The next day another small slough was removed. The erysipelas continued to increase. Fluctuation being detected on the left side, the abscess was opened on the 28th, and was followed by a free discharge of pus. On the next day, the 29th, fifteen days from the operation and six days after the first appearance of feces in the wound, the discharge of feces and flatus from the fistula suddenly stopped. She was attacked with vomiting. An enema was given, and it was followed by a free fecal discharge. The vomiting and retching increased, with occasional hiccough. The abdomen was tympanitic, but not tender on percussion, the countenance anxious, the pulse rapid, the skin hot and dry, the tongue had a brownish white coat, the abdominal pain was severe; in fact, there was every indication of some internal strangulation. Opium and ether were freely given. The liquid ejected from the stomach had a strong fecal odor. April 4th, an enema of three quarts of spearmint tea was thrown very cautiously and slowly into the rectum, and a slight quantity of feces came away. The patient is in a very feeble condition, and there is every reason to suppose that she can live but a short time. A red blush was also noticed about the left eye. April 5th, there is a decided erysipelas of both eyelids, extending downward on to the cheek. This morning, there was again a free discharge of feces and flatus from the wound, after a complete closure of about eight days. The vomiting, tympanitis and pain immediately disappeared. Quinine and stimulants were given freely. April 7th, the erysipelas has reached the nose. The wound of the left groin is slowly closing. There has been no appearance of an hernia.

April 9th.—Erysipelas has extended to the right cheek and forehead. The next day, an abscess of the left lower lid was open; and two days after, one in the upper lid. She began to improve, and on



the 15th ate a fig, of her own accord. The next day, after an enema, she had a profuse discharge from the anus of feces and flatus, which might be called the only one since the 29th of March. The erysipelas has nearly subsided. The fistula in the groin was perfectly dry to-day. On the 17th, some of the fig seeds passed by the anus. This was the first time that anything was known to have passed through the whole tract of the intestine. On the 18th, there was a slight watery discharge, with some pus, from the fistula. April 19th, she ate another fig yesterday, contrary to orders, and this morning some of the seeds were found in and around the fistula, but nothing of a fecal smell. She continued to gradually improve. On the 25th and 26th, a membranous-looking slough was seen in the dejection. The longest was two inches long, but so far decomposed that it was impossible to tell what it was.

She improved very fast, and on May 21st, when I last saw her, the fistula had been closed for three weeks, and in its place a firm corrugated depression was seen. The bowels have become very regular, and without medicine. The appetite is also good. At the present she is better than she has been for a number of years.

Nov. 22d.—*Hydrophobia*. Case reported by Dr. TOWNSEND.

A. N., æt. 37, teamster, a native of New Hampshire. The patient is a stout, healthy-looking man, working out of doors in all weather. He has been in the habit of drinking three glasses of liquor during the day, but was always regular, and never drank to excess. Was always very lively and good natured, and a general favorite among his acquaintances. Was never low spirited.

Five months ago, he was bitten by a dog, in which no suspicion of madness existed, but which was immediately killed. He was bitten in the left hand, the teeth meeting in the soft parts between the thumb and forefinger. According to the patient, the wound was cauterized and soon healed up, leaving no scar.

After he was bitten, those who knew him best observed a change in his manner; he was less good natured, and spoke sharply to his wife, which he had never done before, and she says she thought something was troubling his mind. Since he was taken sick, he confessed to his wife that the thought that sooner or later the disease must attack him, had continually haunted him, and that often at night the cold sweat had poured from him, when he feared that he might bite his wife or children.

Oct. 24th.—On Sunday he went to ride, and before he returned home he was seized with a violent pain in the bowels, for which he drank two glasses of brandy. On his return, as the pain continued, he took two Indian vegetable pills. On going to the sink to wash his hands, a sudden chill or tremor ran over him, and he called his wife to see how strangely he was affected. He said he felt as though it was impossible for him to touch the water, although he experienced no disagreeable sensations, nor feared any, yet something prevented him and he did not persevere in the attempt. He tried to drink water, but experienced the same sensations; after a minute, however, he suddenly jerked the glass to his mouth and then drank without difficulty. He slept tolerably well.

On the day following, he complained of not feeling well, and Dr. Richardson, of Watertown, was called to see him. He advised a cathartic, and care in eating and exposure to cold.

When he attempted to drink, a shudder and catching of the breath seized him, such as one experiences when the first drops of a shower bath touch him. With determination he could overcome these sensations, and they annoyed him so little that he voluntarily induced them for the gratification and curiosity of his friends. He was more nervous than usual, and quite irritable. The medicine operated toward night. He slept but little, had no pain, but seemed quite excited.

On Tuesday, the next day, attempts to drink were followed by much the same emotions as those above described, but they were more severe. The spasm was induced on the first sight of the water; the eyes were fixed on it, and it seemed as if they would start from their sockets. There was also a chewing motion excited in the jaws. He could also, with great difficulty, and after struggling about two minutes, carry the glass, with a spasmodic action, to the mouth, and, shutting the teeth upon it, take two or three swallows, after which his hands would fall powerless to his side, and he seemed very much prostrated. Drinks of all kinds produced the same effects. He could eat bread without difficulty, but bread on which there was butter affected him more than water, and he begged that no more butter might be given him. He was unable, also, to take gruel. He complained of strangury, and uva ursi and nitrous spirits of ether were given, which relieved him. The sight and sound of his own water, during micturition, did not excite him.

He was aware, or confidently believed, that his disease was hydrophobia; but he spoke of it without emotion, and seemed as though he did not realize what he said. Did not sleep at all, but was restless and wandering all night.

On Wednesday, Oct. 27th, the symptoms did not differ much from those of the day before. Could not drink without great difficulty. It was noticed that a current of cold air produced a similar, but less violent spasm than that induced by the sight of fluids. At times, and especially after these spasms, a complete prostration was observed, and he was unable to raise his hand to his mouth. Throughout the day and night he was continually affected with priapism, and it was impossible for him to move, or to be moved, without an emission of semen. It was accompanied with no pleasurable sensations, and sometimes occurred without his cognizance. He slept none during the night, and was at times quite delirious. Nothing like convulsions were observed.

On the 28th, at 10 o'clock, he was brought to the hospital, and walked from the carriage without assistance. He was very much excited and restless; all his motions were quick and almost spasmodic. His eyes were on the alert, and no action of the bystanders escaped him. There was a constant chewing motion in the jaws, and his mouth seemed uncomfortable from a collection of viscid mucus. He answered questions willingly and quite rationally, but with great quickness and eagerness. He was extremely suspicious, and said the doctors only wanted to cut him and experiment on him. A glass of water was brought him, to see what effect it would have on him. He heard it called for, and although he objected to its being brought, was not much affected till it was offered him, when his teeth closed spasmodically and a shudder ran over him. He objected to trying to drink; it was removed, when he became as he had been before. Soon after, the nurse prevailed upon him to drink some port wine, and in it

were dissolved two grains of morphine. She said he took the glass and drank without any emotion; it did not seem to affect him at all. A current of air did not produce a spasm. No priapism or emission of semen was noticed. Pulse 125, quite full and strong. Tongue natural, but covered with thick mucus. Said his appetite was good.

Dr. Townsend ordered an application of ice to the spine, and the room to be darkened. He allowed the ice to be applied, but said it was not good ice, as it was not cold.

At 2 o'clock he was much more excited, and quite delirious. He would listen to questions and begin to answer them, but seemed to forget what he wished to say before the sentence was completed.

He took some more wine with the same dose of morphine (2 grs.), and drank naturally.

The morphine did not seem to affect him at all. Ice was again applied to the spine, and he again complained that it was not cold. Water was poured from one vessel into another, but he did not seem to notice it. At 4½ o'clock he got out of bed, and got his neck-kerchief, with which he contemplated suicide. The nature of the delirium seemed to have changed; at this time he was as much excited as before, but his suspicions had left him. He allowed the straps to be put on him, and did not notice what was going on about him; but kept up a rambling soliloquy about his horses, employer, &c. Pulse quick and feeble.

Delirium increased in violence till 5½ o'clock, when he was shouting so loud that he could be heard at some distance from the building, although the windows and doors were shut. Ether was administered till he was quieted, but in five minutes after it was removed he was as violent as before. Ether was again given, and he was kept partially under its influence till 10 o'clock. Soon after this, he became comatose, and continued so till 11½, when he died. Not more than four ounces of ether were used. A constant and remarkably rapid failure of the pulse was observed from 12 M. till he died.

*Sectio Cadaveris.*—Oct. 30th, a careful examination was made, by Dr. Ellis, of the spinal cord, brain, viscera and larynx, but nothing abnormal was found.

SEPT. 27th.—*Strangulated Hernia; Apparent Reduction; Death; Hernia found Unreduced, with Rupture of the Intestine.*—The case, reported by Dr. PERRY, was read by Dr. HODGES.

Miss —, on Tuesday last, after a long walk, was taken with some pain in the lower part of the abdomen. She was menstruating at the time. Dr. Abbot being her nearest physician, was sent for, and prescribed a laudanum injection, which gave relief. On Wednesday, she had a continuance of the pain, and also vomiting. The laudanum injection was repeated without advice. On Thursday, the pain and vomiting still continuing, she was seen by Dr. Perry, her usual physician; and, on inquiry, he learned that she had a tumor of four years' standing; but insisting that it was a tumor such as is described in Dr. James Jackson's book, she would permit no examination being made, though the importance of it was fully laid before her, and urged by her mother and all her friends. On Saturday the pain and vomiting not abating, she consented to the examination. A crural hernia of the right side was detected, and after considerable manipulation was reduced, or, at least, the tumor made to disappear. The pain and

vomiting ceased. She was entirely relieved, and on Sunday, Monday and Tuesday, her bowels were freely and thoroughly moved.

On Tuesday, a redness and inflammatory appearance, with a sense of fluctuation, was noticed about the tumor of the groin, which increased until Wednesday night, which was, however, a very comfortable one.

At noon on Thursday, she was seized with a sudden colicky pain, and died at 3 o'clock, P. M. Dr. J. M. Warren saw her at this time, but she was not in a condition to admit of any operative procedure. An autopsy was made by Dr. ELLIS; a rupture of the intestine and an unreduced hernia were found, the hernia strangulated and in a gangrenous state, and the hernial sac being full of pus and sloughy matter. The intestine was empty above the strangulation.

The points of interest in the case are the relief of all symptoms following the apparent reduction; the thorough evacuation of the bowels on the three subsequent days, and within forty-eight hours of her death; and the inconsistency of these phenomena with the condition of things as found after death.

Dr. ABBOT stated that he was guided in his diagnosis and treatment by the statements of the mother and the patient herself, who both associated her sufferings with her period of life, thinking the catamenia might be about to cease. All the symptoms, according to their testimony, pointed to the uterus. He seemed inclined to question the assertion that the discharges from the bowels resembled those induced by a cathartic, and on inquiry he learned that the family were subsequently satisfied that there was not, during the whole course of her sickness, an evacuation produced by medicine. They were of opinion that all the medicine taken was ejected by vomiting. The matters passed had the appearance of having been some time in the bowels. Dr. A. regarded the case as interesting, from the temporary relief obtained by the return of the tumor, and the absence of general abdominal pain afterward, together with the want of external evidence of strangulation after the apparent reduction by Dr. Perry.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 16, 1858.

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### THE CASE OF M. GROUX.

On Tuesday evening, December 7th, the Boston Society for Medical Improvement held a special meeting for the purpose of witnessing the very remarkable deviation from the natural conformation of the sternum which exists in the person of Mr. Groux; of observing the motions of the heart and lungs, and also of noting the auscultatory phenomena presented. Having been present at this meeting, we desire to express our personal sense of gratification, and to acknowledge our own indebtedness to Mr. Groux for his very interesting and instructive demonstrations; and, in doing this, we are confident that we only echo the universal feeling of the large number of medical gentlemen then present.

Immediately on Mr. Groux's arrival in this city, efficient steps were taken to gratify the already fully-awakened interest in this unique case. The Society mentioned, and the profession here generally, are much indebted to the zealous exertions of Dr. J. B. Upham, to whom Mr. G. came with letters of introduction from Dr. Peaslee, President of the New York Pathological Society, for affording opportunities of witnessing these remarkable phenomena.

A detailed account of the transactions at the Medical Improvement Society's Room, will hereafter be furnished by the Secretary, Dr. F. E. Oliver—we merely append a schedule of the facts.

The Society having been called to order—Dr. Lyman occupying the chair—Dr. James Jackson made a few remarks bearing upon the case, and specifying the unusual opportunity afforded to the Society. In view of Mr. Groux's necessarily limited stay in Boston at the present time, it was suggested by Dr. J., that a committee be constituted, charged alike with power and instructions to secure Mr. Groux's return to the city in a manner, and at a time, consonant with convenience to himself. Drs. Upham, Hayward, Jr., and Borland were appointed as this committee.

Mr. Groux being then introduced, demonstrated before the Society the peculiarities of his own thoracic conformation. This *exposé* of facts, and personal demonstration, derived additional interest from the clear and intelligent explanations of Mr. Groux himself, who is a well-educated man, and perfectly conversant with anatomy and physiology—especially in relation to the chest. He is evidently a student *con amore*; and his urbanity of manner, together with his generous self-sacrifice, and his genuine scientific zeal, render the exhibition alike deeply interesting and agreeable.

The motions of the heart—or of a portion of it—are distinctly visible to the eye, and of course are perceptible to the touch. Mr. Groux's muscular development is admirable; and the various effects of muscular action in enlarging or diminishing the size of the sternal fissure, were well exhibited. The effects of atmospheric pressure, as shown whilst M. Groux made a forced inspiration, were also exhibited. The stoppage of the pulse, also—an experiment, by the way, which we decidedly deprecate—was shown and explained by Mr. Groux; as was the change of position of the heart, on forced and prolonged inspiration.

Not the least remarkable fact in relation to this case, is the diversity of opinion among the most celebrated and reliable medical men, as to what particular part it is which forms the tumor seen beating beneath the integuments of Mr. Groux's thorax. The prevailing opinion, thus far, is that it is constituted by the *right auricle* of the heart. Many, however, have declared for the right ventricle, others for the aorta, others still, for what is termed (in Germany, we believe, more particularly), the "*conus arteriosus*," or the "*infundibulum*." This latter is described by Wilson (*Anatomy*) as follows, when speaking of the right ventricle:—"Superiorly, where the pulmonary artery arises, there is a dilatation of the ventricle, termed the *infundibulum* or *conus arteriosus*." We find, also, in Dr. Hodges's recently published volume (*Practical Dissections*) the following remarks relative to this region:—"The *infundibulum* is that dilated portion of the ventricle from which the pulmonary artery arises; it has fewer columnæ carnæ than the rest of the cavity." (*Op. cit.*, pp. 101, 102.) Dr. Hodges has also kindly

shown us this region in a recent heart; and, in a conversation upon the subject, mentioned that he had long since remarked the fact that the *infundibulum* "is, as it were, separated from the rest of the ventricle by a sort of constriction."

Dr. Hodges has likewise referred us to Sappey's *Traité d'Anatomie*, and to Allen's "*Practical Anatomist*" (Philadelphia, 1856) for further accounts of this anatomical locality. Sappey says: "The pulmonary orifice of the right ventricle is smaller than the auriculo-ventricular orifice, and is placed more anteriorly, and on a higher level. A muscular prominence, presenting the appearance of a rudimentary septum, or of a crescentic valve, separates these two orifices, and divides, as it were, the cavity of the ventricle into two secondary cavities—the auricular being the larger, and the pulmonary the smaller. The latter is prolonged upward, and, to the left, assumes an infundibuliform shape, which is very remarkable, and which Wolf first clearly described."

Dr. Allen states of this portion of the heart: "The *conus arteriosus*, or *infundibulum*, is a projection of the ventricle upward to join the pulmonary artery. It is situated at the anterior and left portion of the base. The inner surface of the infundibulum is smooth; which facilitates the passage of the blood from the ventricle into the pulmonary artery. The term *locus planus* has been applied to this surface." (*Op. cit.*, pp. 306, 307.) The "*locus planus*" was well shown to us, by Dr. Hodges, in the specimen above mentioned.

In addition to the chances thus afforded us, at the Society's meeting, we have been so fortunate as to have had an opportunity for a private interview with Mr. Groux, at Dr. Upham's house, on Wednesday evening, December 8th, where we enjoyed every facility for a thorough tactile and auscultatory examination.

Besides the ordinary heart-sounds, we can testify (with others, we believe), to having distinctly heard—once, at all events—*three sounds*—the end of the stethoscope being pressed deeply in upon the centre of the fissured space. The duration of these sounds might be thus represented: — — — —.

On forced expiration, followed by holding the breath, and continuing a strong expulsive effort, the lungs are seen to protrude high up between the clavicles, showing, to our mind, the truth of the recently expressed views of Dr. Wm. Jenner, of London, that emphysema is thus produced.

The action and movement of the lungs during coughing, are also well observed in Mr. Groux. At the moment of the forcible expiration, the lungs are seen to rise and protrude—springing up sharply, and as quickly falling back out of sight—a most interesting phenomenon, and one, of course, which no observer of our day can expect to see again. Fissured sternum is no common occurrence.

Mr. Groux afforded the members of the Suffolk District Medical Society an opportunity of examining him, on Thursday evening, Dec. 9th. He left the city on Friday, the 10th, having engaged to return to us, bye and bye, for a longer sojourn. The utmost interest and eagerness has been manifested by the profession here, to see and thoroughly appreciate this remarkable instance of deviation from the natural chest-formation. The Medical Class has also enjoyed the rare chance of witnessing the phenomena, and of hearing Mr. Groux's explanations, at the College.



In conclusion, whilst we wait for the more precise and strictly scientific account promised, shortly, for our pages, we cannot but again make our acknowledgments to Mr. Groux, for his courtesy and exceeding willingness to oblige; and express our admiration of his unflagging scientific zeal. Many persons, if thus circumstanced, would not only shrink from observation, but, if followed up thus closely by scientific inquirers, would consider themselves decidedly "bored." Mr. Groux never loses his patience, nor his own interest in the exhibition of his peculiarity and its explanation—on the contrary, even when obviously fatigued, he is hardly willing to admit the fact, or listen to the remonstrances of those whom he so much favors, when they urge rest, and the omission of certain of the more trying experiments. We think we only express the feeling of the profession, here, in thus recording our own; and we are confident that the committee to which we have above alluded, with Dr. Upham as its chairman, will discharge the various duties incumbent upon it with scrupulous fidelity and exactitude.

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## RHODE ISLAND REGISTRATION REPORT FOR 1857.

We have already expressed our satisfaction at the thorough and effective manner in which the registration of vital and mortuary statistics is carried out in the state of Rhode Island. Not that it is not far short of perfection, but each year brings it nearer that desired end, and in completeness and accuracy it will compare most favorably with the registration of any State in the Union. The Report for 1857, which has been lately issued, was prepared by Dr. CHARLES W. PARSONS, whose abilities as a statistician are too well known to require any comment from us, with the assistance of a Committee on Registration of the Rhode Island Medical Society. This Committee consists of Drs. Joseph Mauran, David King, Otis Bullock, George L. Collins and Edwin M. Snow. The series of Rhode Island reports embrace a period of five years and seven months, and give a body of results of permanent value. We propose to present to our readers a few of the most interesting facts, contained in the last report, referring to the work itself for much more that is both interesting and valuable to the medical practitioner.

The *foreign-born* population of Rhode Island formed, in 1850, one-sixth of the whole number of the inhabitants. During the four years past, the births of children whose fathers were foreign-born were not much less than three times as large a part of the whole number of births, as the foreign-born inhabitants formed of all the population in 1850. It might be hence inferred that the foreign population was much more prolific than the native, but this deduction is corrected by another fact, that the average number of children of each American mother is about three, and of each foreign-born mother, about three and a half, a difference comparatively slight. "But the census of Providence for 1855, shows that the foreign population consists, to a much greater degree than the native, of persons in early adult life, in the marrying and reproductive age." Hence it appears that there is a larger proportion of foreigners capable of producing children than of natives, not that the former are more prolific than the latter. This is a striking instance of the way in which an error might arise from statistics, unless employed with due caution and corrected by counter statistics.

The colored population, though increased by a slight constant immigration, appears to be lessening in Rhode Island. The mortality among them is about twice as great, in proportion, as among the white inhabitants. Their most prevalent diseases are consumption and the various phases of scrofula. "It seems as if these differences could hardly be explained by the poverty or privations of the colored inhabitants. Some writers of great scientific attainments, who have examined the subject attentively, ascribe the deterioration of the colored population to the intermarriages between the races, the great number of mulattoes and persons of blood mixed in various degrees, and to the natural law which forbids mixed races to be kept up through many generations."

Rhode Island has an excellent system of securing the registry of *Deaths*. It is made the duty of the undertaker, or person who conducts a funeral, to obtain the facts required relative to the deceased, and to report them to the town clerk; and it is made the duty of the physician to certify the cause of death, with its date and the name of the deceased. This certificate is either to be left with the family soon after the death, or given to the person who acts as undertaker. In case no physician was in attendance, the undertaker collects the facts from the friends. Were such a law in operation in Massachusetts, it would give much greater accuracy and value to our returns. We have urged this point before, and now recur to it as a subject of great importance. We always have a few medical men in the Legislature; why cannot they bring up the subject at the next session, and have a law passed which shall make it incumbent on physicians to certify as to the disease or cause of death? The importance of a knowledge of the *causes* of death cannot be over estimated. It is no less great in ordinary cases than when the destruction of life is owing to accident, or to some fatal epidemic. "Occasional epidemics are far less destructive, and less controllable, generally speaking, than many diseases which we have among us every year. When this comes to be well understood, that the diseases common in our cities and compact villages, and along the borders of our mill-streams and ponds, cause many more deaths, in a series of years, than cholera or other special epidemics, while their causes are as much, if not more, under the control of sanitary measures—public opinion may demand a more complete observance of our registration laws; and even new and more careful modes of ascertaining the number, causes, and all attendant circumstances, of deaths."

The average *age* of all who died in 1857 in Rhode Island was 28.95 years, females having an advantage of 3.80 years over males. Here, again, the importance of a rational interpretation of statistical results is obvious. The difference in reported longevity does not measure the actual difference in the healthfulness of places. The number of persons within the marrying age, and the number of births, must be taken into the account. Places recently settled will naturally contain a large number of young adult persons, and of children, with but comparatively few of advanced years. The average age of those who die will be consequently low; but it must not therefore be inferred that such places are unfavorable to longevity. "This continued introduction of a young and growing population from abroad lowers the mean duration of life in our State, and in all the neighboring States. A paragraph ran through the newspapers a few years ago, stating that

the average length of life in Ireland was considerably higher than in England; and many singular explanations were given, with disquisitions on the dietetic advantages of oatmeal and potatoes, &c.—the true reason being that Ireland was drained, year after year, of a large part of its youth."

We have no space for further extracts from this interesting Report, which we commend to the careful attention of our readers.

#### DEATH OF DR. DEFOREST.

HENRY ALFRED DEFOREST, M.D., died at Rochester, N. Y., after a severe and protracted illness, on the 24th of November, ult., at the age of 44. Dr. DeForest was a native of Watertown, Ct., and graduated at Yale College in 1832, and at the Medical School of Yale in 1835. He settled in his profession at Rochester, N. Y., at the early age of 21, yet having received all the advantages of Yale, literary and medical. The writer, a classmate of his, has not seen him since he left New Haven, in 1835, but well remembers his tall, manly form, smiling countenance, scholarly attainments and high religious principle. In 1840 he joined the American Board as a missionary physician, and his appointed field of labor was Syria.

About this time he was married, and after spending a considerable time in France, enjoying the advantages of the hospitals of Paris, he commenced his labors at Beirut early in 1842. Here he labored with great acceptance and faithfulness for twelve years, not only as a successful physician, but also as a religious teacher, as a promoter of the cause of female education, as a financial agent for the mission, and also acting temporarily as American Consul at that place. In 1854, on account of failing health, he returned to his native country, and after a protracted and painful illness, has passed from earth in the prime of manhood and amidst his highest usefulness. But

"That life is long  
That answers life's great end."

Dr. DeForest will long be remembered by those of our profession and others who were students at Yale from 1830 to 1835 with feelings of the highest regard; a favorite with both teachers and pupils, he never failed to gain their esteem, and many will grieve to hear of his early death, and his loss to the world. H.

*Lectures on Chemistry.*—A course of lectures on Chemistry, with a special regard to its interest to apothecaries, is being delivered before the Massachusetts College of Pharmacy, by Mr. Charles T. Carney. The introductory was given on Thursday evening, Dec. 2d, and the lectures are to be continued once a fortnight. These lectures must be particularly interesting to apothecaries, being given by a person of scientific skill and a practical apothecary.

*Long Island College Hospital.*—The inauguration of the scientific department of this institution took place on Monday evening, Nov. 15th. The inaugural address was delivered by Dr. Mason, and was greatly admired for the eloquence of its language and its feeling appeals to the philanthropy of the public. Dr. Mason was followed by Messrs. Howard Cady, T. M. Rodman and Van Cott, who dwelt on the benefits already conferred on suffering humanity by this infant institution, upward of 4000 patients having been treated since its opening in May last.—*N. Y. Medical Press.*

**Philadelphia Hospital, Blockley.**—It is understood that clinical lectures will be speedily commenced in the amphitheatre of this immense hospital, and an opportunity be given to the student for personal inspection of disease in its extensive wards. The clinics will be continued twice a week throughout the year.—*Med. and Surg. Reporter.*

**E. R. Peaslee, M.D.**—This gentleman delivered the anniversary discourse before the Academy of Medicine at the rooms of the Historical Society on the 25th of November last. The audience was large and intellectual, and the orator was frequently applauded. The discourse was characterized by erudition, scholarship, sound philosophy and enlarged liberality, especially toward the younger members of the profession. At the conclusion a vote of thanks was passed and a copy requested for publication.—*N. Y. Med. Press.*

**New Tribe of Aborigines without Hair.**—The discovery of a new tribe of aborigines is thus reported in the *Sidney Empire*: "A gentleman who, in May last, was at a remote station down the Balonne, called Gooee, about 100 miles below Surat, fell in with four blacks, who had come to that part of the Balonne a few days previous, and who appeared to belong to a tribe unknown to white men. They presented the remarkable peculiarity of being entirely without hair, and they stated that neither the males nor females of their tribes had hair on their bodies at any period of life. The complete baldness gave them a strange unearthly appearance, at which it is said the Balonne blacks were at first very much terrified. These aboriginal strangers said they saw white men's bones and equipments beyond the river Barrow or Warrego, from which they had come. It is conjectured that these remains may be those of Leichardt and his party, and we believe the whole particulars have been communicated to the government, with the view of a fresh search being made to clear up the mystery of the long-missing travellers."—*London Lancet.*

**Lunatics in Ireland.**—By the report of the Commissioners, it appears that the number of patients in the various asylums amounted, upon the 1st of January, 1857, to upward of 9,286. Despite emigration, &c., the lunacy returns show an annual increase.—*London Lancet.*

**Caustic Lint.**—M. Riboli's plan is to dissolve nitrate of silver in a small quantity of water, soak pledgets of lint in this solution and dry them. Lint treated thus applied to ill-conditioned ulcers produces a more permanent effect than the remedy in a liquid state. Its activity may be varied according to circumstances by increasing the strength of the solution.—*Montreal Medical Chronicle.*

**Health of the City.**—The number of deaths last week (60) was exactly the same as for the corresponding week of last year. Next to consumption, the most fatal diseases were those of the heart (9) and pneumonia (8). The number of deaths from consumption for the corresponding week of 1857 was 11; from pneumonia 3, and from disease of the heart 9.

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**Books and Pamphlets Received.**—A Treatise on Diseases of the Air Passages, &c. By Horace Green, M.D., LL.D., &c. (From the publishers.)—Hints to Craniographers. By J. Altken Meigs, M.D.—Diphtheritis. By V. J. Fournesand, M.D., Sacramento, Cal.

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**MARRIED.**—At West Chester, Pa., Dec. 2d, Joshua E. Hayes, M.D., of Hampton, Ill., to Miss Sarah Elizabeth Butler, of West Chester, Pa.—In New York, Dec. 2d, Dr. Duncan Ingraham, of Charleston, S. C., to Miss Eliza Chambers, of Cornwall, England.—In Tonawanda, Pa., Dec. 2d, Emil Fischer, M.D., of Philadelphia, to Miss Rowena Kingsbury, of the former place.

**DIED.**—At Attleboro', 7th inst., Dr. Samuel Fuller, 81.—At Hartford, Nov. 21st, Dr. J. L. Comstock, 71.—At Brooklyn, N. Y., Nov. 29th, Dr. Wm. Smith, 47 years and 8 months.

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**Deaths in Boston** for the week ending Saturday noon, December 11th, 60. Males, 31—Females, 29.—Avidents, 2—apoplexy, 2—consumption, 13—convulsions, 1—croup, 1—dropsy in the head, 1—debility, 1—infantile diseases, 2—puerperal, 1—scarlet fever, 1—typhoid fever, 1—gravel, 1—disease of the heart, 9—influenza, 1—intemperance, 1—inflammation of the lungs, 8—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 1—palsy, 1—pleurisy, 1—abscess on spine, 1—scalds, 1—teething, 1—tumor in brain, 1—unknown, 1—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 18—above 60 years, 7. Born in the United States, 37—Ireland, 18—other places, 6.